



STATE OF MARYLAND

**DHMH**

Maryland Department of Health and Mental Hygiene  
201 W. Preston Street • Baltimore, Maryland 21201  
Robert L. Ehrlich, Jr., Governor – Nelson J. Sabatini, Secretary

## **MEMORANDUM**

**TO:** Health Care Providers, Health Officers, CD Directors, Nursing Directors  
**FROM:** David Blythe, MD, MPH, State Epidemiologist (Acting)  
**DATE:** April 11, 2003  
**SUBJECT:** Guidance Information about the Secretary's Directive about SARS

Several questions have arisen about one aspect of the "Directive of the Maryland Secretary of Health and Mental Hygiene Requiring Mandatory Reporting of SARS Case Information and Prevention of Transmission of SARS" issued on April 10, 2003: the interim definition of a "possible SARS case" ("Directive, Clinical Findings, #5). This memorandum is intended to clarify this definition.

Given the current US experience with SARS and SARS transmission, we define a "possible SARS case" (as opposed to a "suspect SARS case") as fulfilling the following criteria:

- A. Travel within 10 days of onset of symptoms to an area with documented or suspected community transmission of SARS (list currently includes Peoples' Republic of China (i.e., mainland China and Hong Kong Special Administrative Region; Hanoi, Vietnam; and Singapore) or

Close contact\* within 10 days of onset of symptoms with either a person with a respiratory illness who traveled to a SARS area or a person known to be a suspect SARS case.

**AND**

- B. Measured temperature greater than 100.4° F (greater than 38° C) or

One or more clinical findings of respiratory illness (e.g. cough, shortness of breath, difficulty breathing, hypoxia, or radiographic findings of either pneumonia or acute respiratory distress syndrome) with onset since February 1, 2003

Only cases that had travel to an area with documented or suspected community transmission of SARS (see list above) or had close contact (as defined above) with a suspect SARS case should be considered a “possible SARS case”. Health care practitioners and health care providers need not report cases that have only respiratory illness or fever without travel or close contact (unless the provider determines that the case involves some other reportable condition).

PLEASE NOTE: the definition listed here applies only to “possible SARS cases” as specified in the Directive. The definition of a “suspect SARS case” can be found on the EDCP website at the following URL: [www.edcp.org](http://www.edcp.org). Health care providers and health care practitioners should continue to report “suspect SARS cases” immediately by telephone as noted in the Directive.

If you have any additional questions about the Directive, please contact the Division of Outbreak Investigation at 410-767-6677.

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